

|                      |                             |
|----------------------|-----------------------------|
| Date Received by WDE | <b>Agreement to Mediate</b> |
|                      |                             |

**Directions:** A copy of this **Agreement to Mediate** should be retained for your records. The signed Agreement to Mediate should be returned to WDE by mail or fax to:

State Director of Special Education  
Wyoming Department of Education  
Special Programs Division  
320 West Main, Riverton, Wyoming 82501  
FAX: (307) 857-9261

**INFORMATION ABOUT THE CHILD**

|  |  |
|--|--|
| <b>Name of Child</b>                   | <b>DOB</b>                             |
|  |  |
| <b>Name(s) of Parent or Guardian</b>   | <b>Name(s) of Parent or Guardian</b>   |
|  |  |
| <b>Address (City, State &amp; Zip)</b> | <b>Address (City, State &amp; Zip)</b> |
|  |  |

**INFORMATION ABOUT THE DISTRICT OR AGENCY**

|  |
|--|
| <b>Name of District or Agency</b>                          |
|  |
| <b>Name of District or Agency Representative and Title</b> |
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**THE PLEDGE**

- Mediation is a voluntary process. Both parties must agree to participate in mediation, and must agree to keep the discussions of mediation confidential as described below.
- The discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding of any Federal or State court.
- All notes created during the mediation session shall be destroyed at the conclusion of mediation.
- The mediator shall not be called to testify about the mediation in any subsequent proceeding.

**SIGNATURES**

|   |              |
|---|--------------|
| <b>Signature and Title of the person(s) filing or agreeing to this Request:</b> | <b>Date:</b> |
|   |              |
| <b>Signature and Title of the person(s) filing or agreeing to this Request:</b> | <b>Date:</b> |
|   |              |

**Mediation cannot begin until WDE receives a signed Agreement to Mediate from the parties.**